

**Date:** [Insert Date]

**To:** [Patient Name]

**DOB:** [Patient Date of Birth]

**Review Period:** [Start Date] to [End Date]

Dear [Patient Name],

I have completed the clinical review of your Continuous Glucose Monitor (CGM) data for the period noted above. Below is a summary of your results and my recommendations.

**Data Summary:**

- **Time in Range (70-180 mg/dL):** [Insert %]
- **Time Above Range (>180 mg/dL):** [Insert %]
- **Time Below Range ( [Insert %]**
- **Average Glucose:** [Insert mg/dL]
- **GMI (Estimated A1c):** [Insert %]
- **Sensor Wear Duration:** [Insert %] of time

**Clinical Observations:**

[Insert notes regarding glucose patterns, such as overnight trends, post-meal spikes, or frequent hypoglycemia.]

**Recommendations:**

- **Medication Changes:** [Insert changes or "No changes at this time"]
- **Lifestyle/Dietary Adjustments:** [Insert recommendations]
- **Follow-up:** [Insert date of next appointment or lab work]

Please continue to wear your sensor as directed. If you experience symptoms of high or low blood sugar that do not match your sensor readings, please confirm with a finger-stick test.

Sincerely,

[Provider Signature]

[Provider Name and Title]

[Clinic/Facility Name]